## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003



| CLAIMS AS FILED - PART (Column 1)_  |  |   |              |                       |                              | mn 2)            |             | SMALL ENTITY TYPE                       |                        |    | OTHER THAN OR SMALL ENTITY              |  |
|---|--|---|--------------|-----------------------|------------------------------|------------------|-------------|---|------------------------|----|---|--|
| TOTAL CLAIMS  |  |   | é            |                       | 1                            |                  | F           | ATE                                     | FEE                    |    | RATE                                    | FEE  |
| FOR   |  |   | NUMBER FILED |                       | NUMBER EXTRA                 |                  | BAS         | SIC FEE                                 | 375.00                 | OR | BASIC FEE                               | 750.00   |
| TOTAL CHARGEABLE CLAIMS   |  |   | 5 minus 20=  |                       | * 5                          |                  | ×           | (\$ 9=                                  |                        | OR | X\$18=                                  |  |
| INDEPENDENT CLAIMS  |  |   | minus 3 =    |                       | * 8                          |                  | >           | (42=                                    |                        | OR | X84=                                    |  |
| MU  | LTIPLE DEPEN                                   | DENT CLAIM P                              | RESENT       |                       |                              |                  | +           | 140=                                    |                        | OR | +280=                                   |  |
| * If  | the difference                                 | in column 1 is                            | less than ze | ro, ente              | "0" in column 2              |                  | T           | DTAL                                    |                        | OR | TOTAL                                   | 750  |
|   | C  | LAIMS AS A                                | MENDED       | - PART II             |                              |                  | <del></del> |   |                        |    | OTHER THAN                              |  |
|   |  | (Column 1)                                |              | (Colui                |                              | (Column 3)       | SI          | MALL                                    | ENTITY                 | OR | SMALL                                   |  |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NUM<br>PREVIO<br>PAID | BER<br>OUSLY                 | PRESENT<br>EXTRA | F           | ATE                                     | ADDI-<br>TIONAL<br>FEE |    | RATE                                    | ADDI-<br>TIONAL<br>FEE                           |
|   | Total  | *   | Minus        | **                    |                              | =                | ×           | (\$ 9=                                  |                        | OR | X\$18=                                  |  |
|   | Independent                                    | *   | Minus        | ***                   | T CL AINA                    | =                | >           | (42=                                    |                        | OR | X84=                                    |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |   |              |                       |                              |                  |             | 140=                                    |                        | OR | +280=                                   |  |
|   |  |   |              |                       |                              |                  |             | TOTAL<br>IT. FEE                        |                        | OR | TOTAL<br>ADDIT. FEE                     |  |
|   |  | (Column 1)                                |              | (Colu                 | mn 2)                        | (Column 3)       | 700         | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                        |    | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NUM<br>PREVI          | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA | F           | RATE                                    | ADDI-<br>TIONAL<br>FEE |    | RATE                                    | ADDI-<br>TIONAL<br>FEE                           |
|   | Total  | *   | Minus        | **                    |                              | =                | ×           | (\$ 9=                                  |                        | OR | X\$18=                                  |  |
|   | Independent                                    | *   | Minus        | ***                   |                              | =                | >           | (42=                                    |                        | OR | X84=                                    |  |
| L_  | FIRST PRESE                                    | NTATION OF M                              | ULTIPLE DEF  | PENDEN                | CLAIM                        |                  | +           | 140=                                    |                        | OR | +280=                                   |  |
|   |  |   |              |                       |                              |                  |             | TOTAL<br>IT. FEE                        |                        | OR | TOTAL                                   |  |
|   |  | (Column 1)                                |              |                       | mn 2)                        | (Column 3)       |             | // / LL                                 |                        | •  | ADOII. I EE                             |  |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NUM<br>PREVI          | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA | F           | RATE                                    | ADDI-<br>TIONAL<br>FEE |    | RATE                                    | ADDI-<br>TIONAL<br>FEE                           |
|   | Total  | *   | Minus        | **                    |                              | =                | ×           | (\$ 9=                                  |                        | OR | X\$18=                                  |  |
|   | Independent                                    | *   | Minus        | ***                   | T OL ALL                     | =                | >           | (42=                                    |                        | OR | X84=                                    |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |              |                       |                              |                  |             | 140=                                    |                        | OR | +280=                                   |  |
|   |  | ımn 1 is less than t                      |              |                       |                              |                  |             | TOTAL                                   |                        |    | TOTAL                                   | <del>                                     </del> |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |              |                       |                              |                  |             |   |                        |    |   |  |